

To: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, and Nursing Homes

RE: Synagis® Criteria for 2008-2009 Season

Alabama Medicaid has updated its prior authorization criteria for Synagis[®]. The approval time frame for Synagis[®] will begin October 1, 2008 and will be effective through March 31, 2009. A total of up to five doses will be allowed per recipient in this timeframe. There are no circumstances that will allow for approval of a sixth dose. If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form.

For approval of requests, the recipient must meet gestational and chronological age requirements. In order to meet chronological age requirements, the recipient must not exceed the specified age at the start of the RSV season. Providers are to submit requests for Synagis[®] on a separate prior authorization form (Form 351) to Health Information Designs and may be accepted beginning September 1, 2008. The form and complete updated criteria specific to Synagis[®] are available on the Agency's website at www.medicaid.alabama.gov under Programs: Pharmacy Services: Prior Authorization/Overrides Criteria and Forms: Criteria/Instruction Booklet for Prior Authorization Forms.

Medicaid accepts the following as American Academy of Pediatrics risk factors for infants less than six months old with gestational age of 33-35 weeks:

- Childcare attendance
- School-age siblings
- Congenital abnormalities of the airways
- Severe neuromuscular disease
- Exposure to environmental air pollutants (Environmental air pollutants will not include second-hand smoke. Environmental air pollutants must include instances where a child is constantly exposed to particulate air matter.)

Additional questions regarding Synagis[®] criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.